



# For your records

## Insurance policy information

Agent's name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_

Insurance company \_\_\_\_\_  
Type of policy \_\_\_\_\_  
Policy number \_\_\_\_\_  
Renewal date \_\_\_\_\_  
Location of the policy \_\_\_\_\_  
Number to report claims \_\_\_\_\_

Agent's name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_

Insurance company \_\_\_\_\_  
Type of policy \_\_\_\_\_  
Policy number \_\_\_\_\_  
Renewal date \_\_\_\_\_  
Location of the policy \_\_\_\_\_  
Number to report claims \_\_\_\_\_

Agent's name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_

Insurance company \_\_\_\_\_  
Type of policy \_\_\_\_\_  
Policy number \_\_\_\_\_  
Renewal date \_\_\_\_\_  
Location of the policy \_\_\_\_\_  
Number to report claims \_\_\_\_\_

Agent's name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_

Insurance company \_\_\_\_\_  
Type of policy \_\_\_\_\_  
Policy number \_\_\_\_\_  
Renewal date \_\_\_\_\_  
Location of the policy \_\_\_\_\_  
Number to report claims \_\_\_\_\_

Agent's name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_

Insurance company \_\_\_\_\_  
Type of policy \_\_\_\_\_  
Policy number \_\_\_\_\_  
Renewal date \_\_\_\_\_  
Location of the policy \_\_\_\_\_  
Number to report claims \_\_\_\_\_

Agent's name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_

Insurance company \_\_\_\_\_  
Type of policy \_\_\_\_\_  
Policy number \_\_\_\_\_  
Renewal date \_\_\_\_\_  
Location of the policy \_\_\_\_\_  
Number to report claims \_\_\_\_\_

Agent's name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Insurance company \_\_\_\_\_

Type of policy \_\_\_\_\_

Policy number \_\_\_\_\_

Renewal date \_\_\_\_\_

Location of the policy \_\_\_\_\_

Number to report claims \_\_\_\_\_

Agent's name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Insurance company \_\_\_\_\_

Type of policy \_\_\_\_\_

Policy number \_\_\_\_\_

Renewal date \_\_\_\_\_

Location of the policy \_\_\_\_\_

Number to report claims \_\_\_\_\_

Agent's name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Insurance company \_\_\_\_\_

Type of policy \_\_\_\_\_

Policy number \_\_\_\_\_

Renewal date \_\_\_\_\_

Location of the policy \_\_\_\_\_

Number to report claims \_\_\_\_\_

Agent's name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Insurance company \_\_\_\_\_

Type of policy \_\_\_\_\_

Policy number \_\_\_\_\_

Renewal date \_\_\_\_\_

Location of the policy \_\_\_\_\_

Number to report claims \_\_\_\_\_



Kentucky Public Protection Cabinet  
Department of Insurance

Printed with state funds  
on recycled paper



P.O. Box 517, Frankfort, KY 40602-0517  
Toll free: 800-595-6053 Deaf/hard-of-hearing: 800-648-6056  
<http://insurance.ky.gov>

The Kentucky Department of Insurance does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation or gender identity, ancestry, age, disability or veteran status. The cabinet provides, on request, reasonable accommodations necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. To request materials in an alternate format, contact the Department of Insurance, Communications Office, P.O. Box 517, Frankfort, KY 40602-0517, toll-free 800-595-6053. Hearing and speech-impaired persons can contact an agency by using the Kentucky Relay Service, a toll-free telecommunication service. For Voice to TDD call 800-648-6057. For TDD to Voice, call 800-648-6056.

July 2008

